

Herb and tablet at the same time? Herb-Drug interaction

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ICWM Pilot Projects

- Combining CM with WM treatment in patients with specific disease group
- Oncology
- Stroke
- Musculoskeletal pain
- Feasibility testing



政府過去一年多，先後在7間醫管局轄下醫院實施中西醫協作先導計劃，在部分病房作臨床試驗，相信未來能應用在中醫院。

IM treatment

- In-patient recruitment
- Follow-through IM treatment in out-patient
- Conventional western medicine treatment
- + Chinese herbal medicine
- + Acupuncture




Why Not?


Concomitant H-D use is commonly practiced in the Chinese population

- Among patients to ER, 1.4% (Tse ML.2007) to 60.9% (Yuen CK.2005)
- 46% in patients receiving RT (Cheung GSM.2004)
- In 190 patients with HT or hyperlipidemia, 80% had TCM at least once in the past year (Chen Q.2003)
- The prevalence of concomitant CM and drug in 1795 psychiatric patients was 36.4% (Zhang ZJ.2011)

Altitudes



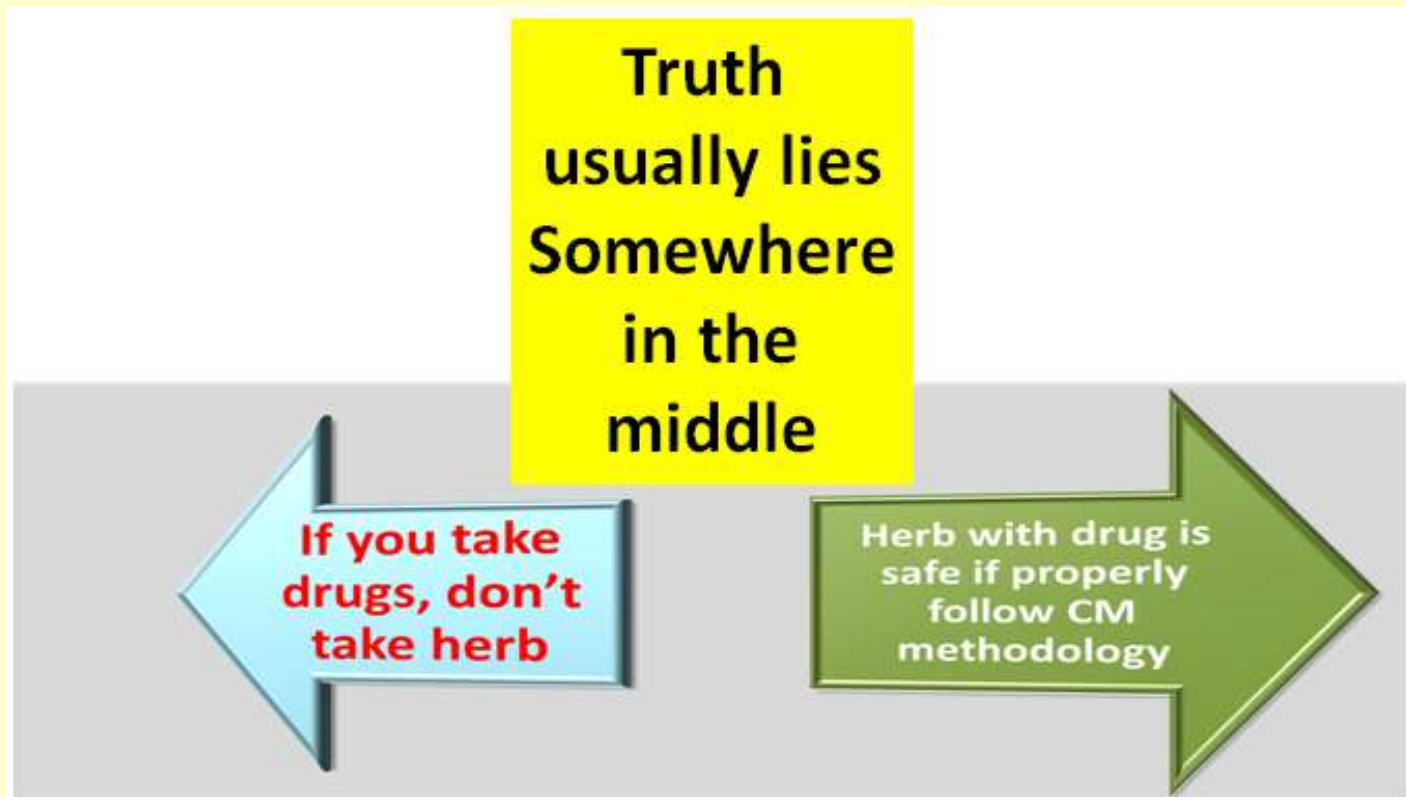
**If you take
drugs, don't
take herb**



**Herb with drug is
safe if properly
follow CM
methodology**

No strong evidence
except for a few
drugs with narrow
therapeutic index

CM Poisoning 30-40 cases a
year
CM toxicity ~300 clinical
cases every year – HKPIC
annual report



- Dangerous vs safe are over-generalization
- Risk varies with the herb, herb-drug pair and patient susceptibility
- Rational and scientific approach is needed

To manage the risk of herb-drug co-use in the pilot projects

- Limited the number of herbs to ~300
- Routine clinical and laboratory monitoring
- Formation of Expert Panel
 - Risk assessment on every herb allowed to be used
 - Evidence-based
 - Structured approach
 - Multi-disciplinary
 - Consensus formulation
 - Consensus meeting
 - Recommend on prescription, monitoring and management

Multi-disciplinary Expert Panel on Chinese Medicine Safety for ICWM Pilot

Panel members

- Ms Anna LEE, CP (CPO), HOCS
- Dr Man Li TSE, CON, HKPIC
- Dr Yuk TUNG, Deputy HCE / COS (ONC), TMH
- Dr Ka Hang OR, CON (M&G), SH
- Dr Y S CHAN, CON (MED), PWH
- Dr Michael LI, CON (M&G), TMH
- Dr S L LUI, CON (MED), TWH/QMH
- Dr Raymond WONG; CON (MED), PWH
- Prof. Yuanqi GUO, Professional Consultant, School of Chinese Medicine, CUHK
- Prof. Zhixiu LIN, Associate Professor, School of Chinese Medicine, CUHK

Support Team

- Ms Teresa NGAN, SP (CPO) → Mr Timothy Yung SP (CPO), HOCS
- Ms Jamie AU YEUNG, P (CPO), HOCS
- Ms Rebecca CHAN, P (CPO), HOCS
- Dr Dawn AU, M (CPO-CM), HOCS
- Dr Jieru LIN, M (CPO-CM), HOCS
- Ms Peggy CHEUNG, P (CPO), HOCS
- Ms Winnie SZE TO, EAI (CPO), HOCS
- Ms Vincy Wing Sze LAI, CMP, TWCMCTR,
- Ms Shirley KWAN, CMP CMCTR

Evidence Finding

- Extensive database and literature search by the support team
- To be discussed by Mr Yung

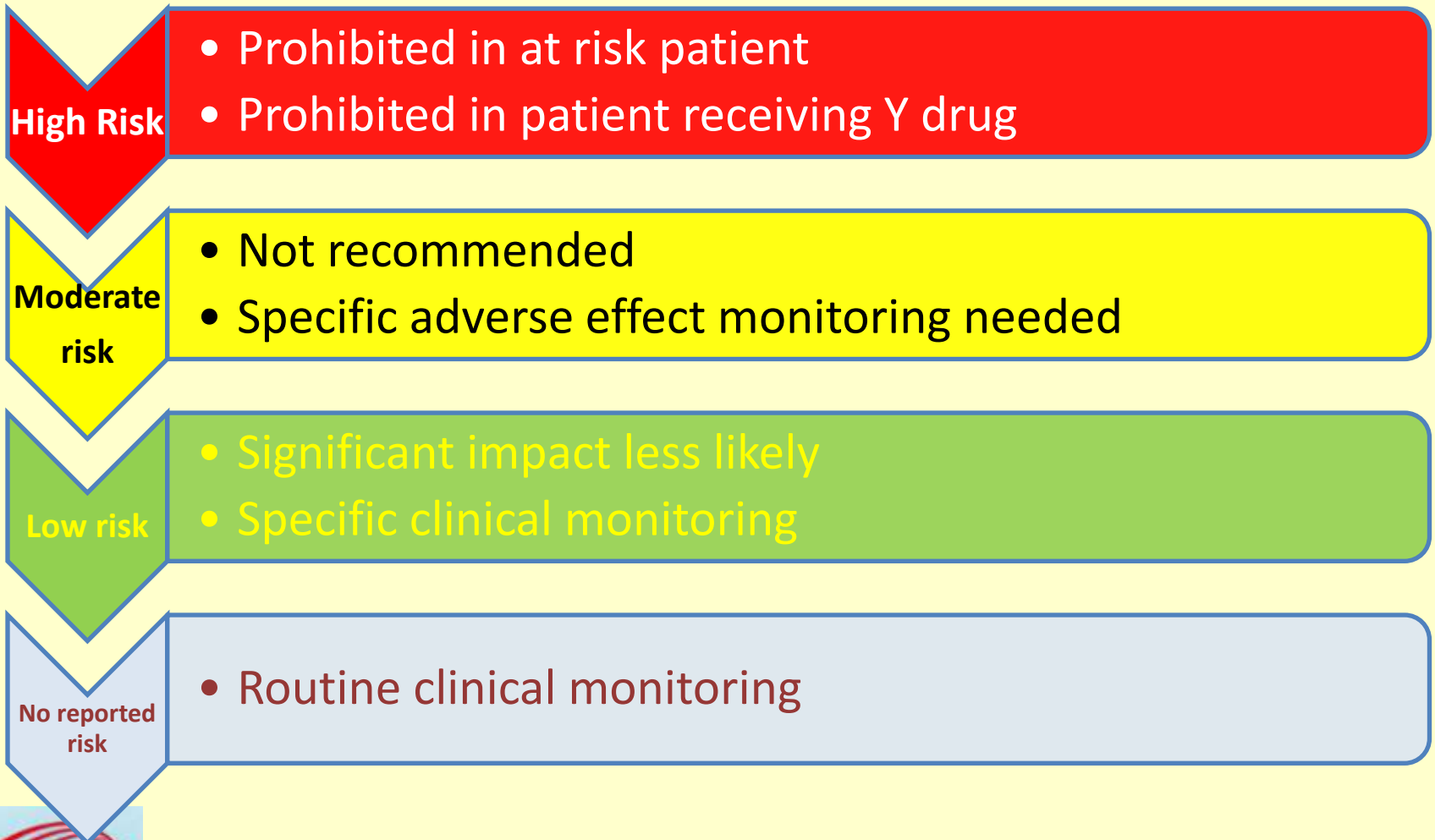
Risk Assessment

Risk of HDI – HerbX & DrugY

Level of Evidence	I	II	III	IV
Quality of studies				
Good	1	2	2	2
Fair	2	2	3	3
Poor	2	3	3	3
Recommendation				
Other remark	1= high risk 2= moderate risk 3= low risk 4 = No reported risk / irrelevant			

- Individual assessment
 - Severity
 - Quality of report
 - Relevance , e.g. dose, method of use, patient group, etc
- Consensus finding by discussion
- Risk level assignment : 1-4
- Agreement on specific recommendation

Recommendations on herb X & Drug Y



1st phase of ICWM pilot project

- 232 herbs assessed
- Recommendation promulgated to project teams
- Audit on compliance by project team
- Ongoing review and validation

Way Forward

- Ongoing assessment with increasing number of herb use in the project – phase 2 >300
- Continual HDI monitoring in the projects
- Validate our recommendation through practice
- Generate research direction

Round up

- Safety of herb-drug co-use is a major obstacle in ICWM
- Manage the risk of H-D co-use in a rational and scientific manner
- Limit no of herb used
- Evidence-based structured risk assessment by a multi-disciplinary expert panel
- Consensus recommendations
- Risk expressed in easy-to-appreciate 4 levels
- Easy to understand prescription and monitoring advice
- Future research

Thank you

